CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CAN	IDIDATE OR COM	ANAITTEE		
1/16/14	Citizens			Carroll S	heriff
2.b. IF COMMITTEE, NAME OF CANDIDATE	THE PARTY OF THE P			3. ELECTION D	
Tim Carnoll				May 6	12014
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	Cit		4		
912 Rose Manie Court	Soday Do		State TN 3	Zip Code 37379	Phone 423-421 - 5495
4.b. CANDIDATE'S HOME ADDRESS (if differen					.,,,,,,,,
Street or Rural Route	City	5	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, it	f applicable)	6. NAME OF	POLITICAL T	REASURER (ma	v ha candidata)
Sheriff Hamilton a				mdersor	
7. CATEGORY OR REPORT (Check one)		******			
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE-	MID-YEAR	
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DA	GENERAL ATE OF REPOR	SUPPLEMENT STING PERIOD	TAL SUPPLEMENTAL
10/1/13		1/15			
9. (Check one)					
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	ed disclosure because	contributions (in	cluding in-kind	d) received total s	\$1,000 or less AND expendi-
b. This campaign is required to file a de and/or expenditures total more than \$	falled financial disclos 61,000 for this reporting	gure because cor ng period.	atributions (inc	cluding in-kind) re	ceived total more than \$1,000
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate.	ons and expenditures swear or affirm that n	required to be re o campaign conf	eported by the tributions have deral internal r	candidate comm	ittee by the Campaign
11. WITNESS SIGNATURE Signature of witness	VIV IU	6	M signali	Jehn ure of witness	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
12. SUMMARY			_		
a. BALANCE ON HAND LAST REPORT		•••••••		s 7618.8	3
b. TOTAL RECEIPTS THIS PERIOD				s	
c. TOTAL DISBURSEMENTS THIS PERIOD	··········			s 7618.	83
d. BALANCE ON HAND (12.a. plus 12.b. r					-1
e. TOTAL LOANS OUTSTANDING9.0	:II HA OO W				s Ø
					1
f. TOTAL OBLIGATIONS OUTSTANDING					s <u>U</u>
	HAMILTON CO	Sin II and			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
Tim canoil	FROM: 1011/13 TO: 1/15/14						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	\$						
b. Itemized Contributions (over \$100 from each source this period)	s						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>D</u>						
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>9</u>						
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>P</u>						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>Ψ</u>						
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	g., printing, postage, gasoline)						
\$							
\$							
•							
· -							
\$							
\$							
\$							
\$							
\$							
•							
Total of Expenditures (\$100 or less each payee)	,						
b. Itemized Expenditures (Over \$100 each payee this period)	s <u></u>						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>:4612.44</u>						
20. LOAN REPAYMENTS MADE THIS PERIOD							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)							
22.IN-KIND CONTRIBUTIONS	_						
Unitemized in-kind contributions (\$100 or less from each source this period)							
b. Itemized in-kind contributions (over \$100 from each source this period)\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$							
23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)	\$						
b. Itemized Obligations Outstanding (Over \$100 each)	\$ D						
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$							



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	ERING THE PERIOD			
	5 TO: 1/6/14 Amount			
TOTAL ITEMIZED CAMPAIGN EXPENDIT COMPLETE THE APPROPRIATE ITEMS FOR	neriod)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Apparel Gmbroi Address 6/2/ Hevitage D		Shirts	912.44	
City Chattanooga	State Zip Code TN 3746			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Wilburn Rick Address	etts	campaign POIT	500.00	
City Po Box 15872		-		
Chattanooga.	State Zip Code TN 37415			
First Name Freeman	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name	8	Campaign	1 00	
Address 5355 Fairnew	Rd	Contribution refund	1,000:00	
City HXSON	State Zip Code 31343	. 5,0,1		
First Name Bookby	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name		campaign		
Address 1307 Spitzy Land	υ	contribution	500.00	
Soddy Daisy	State Zip Code	refund		
First Name Jeannie	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Snyder		campaign		
Address 5353 Willow Poin	it lane	contribution refund	200,00	
City Hamson	State Zip Code 31341		1	
First Name John	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name GYOUT Address		compaign contribution refund	1,000 00	
City Cartaster Av	State Zip Code	refund	1,000	
Chattanooga				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form are used.) be shown in item 19b. of summary.)			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVE					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount 4112.44							
4. COMPLETE THE APPROPRIATE ITEMS FOR E	4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name Wanda	Middle Na	me	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name			campaign contribution refund					
Address 6822 Chismick	Dr		refund	250.00				
chattanouga	State Zip Code 31421							
First Name Fred	Middle Name		Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name Steelman			campaign					
Address 8624 Brow Law	ce Re		refund	₹50.®				
Soddy Daisy	State TN	Zip Code 31319						
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name			1.					
Address								
City	State	Zip Code						
rst Name Middle Name			Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name			-					
Address			†					
City	State	Zip Code	-					
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name			- diposo of Exponditure	Amount of Experiorate				
Address								
City	State	Zip Code						
	Oldio	Zip ooue		i .				
First Name	First Name Middle Name		Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name								
Address								
City	State	Zip Code						
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)								

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD				
Tim CamoII						FROM: TO: 1/15/14				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan										
First Name Tim	7:00				Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Outstanding Loan Balance Payments (End of Period)		
Last Name/Organization Name	Last Name/Organization Name		6,050		1		006.39 Pd			
Address			Loan Receiv	DOTE: WINDOWS					ι Ψ	
912 Rose mana court			☐ Primar	No.						
Soddy Daisy	State	Zip Code	9	Runoff (Local Elections Only)				0100110		
SECRETARIO PROPERTY AND AND ADDRESS OF THE PROPERTY OF THE PERSON OF THE	ist All Endor	The state of the s	The State of	or Above Loa	n (If more spa	ce is needed	d please atta	ach a page)		
First Name		Middle Name	9		First Name Middle Name					
Last Name/Organization Name					Last Name/Organization Name					
Address					Address	************				
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name	First Name Middle Name				First Name Middle Name					
Last Name/Organization Name			Last Name/Organization Name							
Address				Address						
City	Cily State Zip Code			de	City State Zip Code					Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Coo	de	City	State Zip Co				
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name		Middle Name			First Name Middle Name					
Last Name/Organization Name				Last Name/Organization Name						
Address			Address							
City		State	Zip Cod	e	City		i.		State	Zip Code
Amount Guaranteed Outstanding					Amount Guarant	eed Outstandi	ng			
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.)				Outstanding Loan Balance Loans Loan Outstanding Loan Balance (Beginning of Period) Received Payments (End of Period)						
(Total outstanding loan balance should also be shown in item 12.e. on front page.)					6,051		Φ	3000	0.59	paid = 0

